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OBSTETRICAL TRAINING IN ENGLAND

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Obstetrical training in the United Kingdom is under the supervision of a medical department known as the Central Midwives Board. Examinations are held by the board four times a year and certificates are granted to nurses satisfactorily completing a three months' course, if they already hold a three years' certificate, whereas a six months' course is required from nurses with no previous training. While trained hospital nurses are not compelled to take the full course in obstetrical training, all are strongly urged to, as the knowledge is invaluable in after years of nursing, even though the nurse does not continue to work in this branch of her profession.

I can only give details of my own maternity training at the London Hospital, but as the amended laws of 1910 forbid midwives to practice without a certificate and insist on the three months' training, the course is practically the same in all schools.

The maternity block of the London Hospital stands well away from the rest of that great institution and fortunately for it, is very heavily endowed. It has excellent accommodation for twelve mothers and babies, and a general staff of three sisters (as the senior nurses are always called in English hospitals) and twelve pupil midwives. The staff is further divided into a ward sister with four ward nurses under her and two district sisters with eight district nurses under them. Only two new pupils enter at a time, so that the senior nurses are somewhat experienced in the work and are able to help the younger pupils as they enter.

The first eight weeks are usually spent "on the district." To most nurses this is the most strenuous, interesting and exciting period of their entire training. It certainly was to me, despite the fact that during the entire three months no "off-duty" time is allowed and every nurse is on call at any time, day or night.

We nurses were known throughout the district as the "Green Charity," the name being given to us, I suppose, because the work is all gratuitous and because a long, dark green cloak constitutes the outdoor uniform of each nurse. We only visited patients in their homes within a one-mile radius of the hospital, so that all patients could be reached in a few minutes by car or bus. All the patients had previously been to the hospital to arrange to have the students (the

White Charity) or the nurses (the Green Charity) or, as a further alternative, they were perfectly free to come into the wards. Strange to relate there was always much more demand for nurses than for students, I suppose because the mothers appreciated the care and kindness bestowed on them for the fourteen days or longer period that they needed nursing. A green card was given to the expectant mother to send to the hospital as soon as labor began. A senior and a junior nurse always go out together, the one nurse delivers and does everything for the mother and the other has entire charge of the baby. They have to leave the hospital within seven minutes from the time of receiving the call, either day or night. A new pupil is always accompanied by the district sister for the first three or four cases. At first it seemed as if one would never feel competent to have entire responsibility of either mother or child, but knowing that very soon our turn would come to show our ability, each nurse spent every spare minute in studying the many skeletons of bones and queer dummy babies which afforded us much amusement, as well as so much hard work. Any odd moments that we could spare were also spent in questioning each other.

If the patient were a primigravida, she frequently sent for the nurse several hours too soon, and so we would visit, and see that all was going well and induce the mother to eat and rest and calm her fears, and then return to hospital and wait for the second call. But if the patient were a multipara, she usually sent about the right time, and frequently both nurses would be out of the house, leaving all serene, within three or four hours. The law demands, however, that no nurse may leave the mother, even if all is normal, within one hour after the third stage of labor is completed, and until the mother has had nourishment. As this work is all in the poorest slums of London it was sometimes quite an expense for the nurses to supply milk for the mother, to say nothing of food for the children (and there always seemed to be three or four!) as well as "a penny in the slot" for the gas which seemed to have a knack of going out at the most critical moment. We many times needed our sense of humor to save the situation from being intensely pathetic and almost hopeless. All nurses who have done "district work" know how they have appreciated the efforts of the most ignorant people to have everything ready for the "Nurse." They would be so grateful for the simplest service, that in return we nurses felt we could hardly do enough to give them all the comforts possible in such surroundings. It used to astonish me to find a child of eight or nine quite frequently taking charge of the house and children while "Mother was in bed with the new baby," the washing, cooking, etc.

usually being done by a neighbor, free of charge. Personally I learned many lessons in patience, courtesy and generosity from these poor people.

If complications arose so that instruments would be required, which even pupil midwives can soon foretell, the patients' friends would be given a "printed slip" to take quickly to hospital and then the junior accoucheur and district sister would arrive within a few minutes. The law does not allow nurses to use instruments, and as a general rule the pupils would not give anesthetics, these being given by the sister in the presence of the accoucheur.

All certified midwives who continue to nurse amongst the poor, work in connection with a doctor, and though they may spend weeks without sending for his help, it is a great safeguard to have a higher authority on call. Of course all abnormal cases, such as a still-born child, etc., must be reported at once to a registered medical practitioner. In fact, if any serious complications arise with either mother or child he must be sent for at once. The published rules covering these cases are given to each nurse when she obtains her certificate.

Each pupil midwife has a district to visit daily (alternately morning and afternoon) and it was a strenuous, though happy, four or five hours' work to visit six to ten mothers, bathe the babies, etc., and be back at hospital in time for dinner or to report by 1.30 p.m., when those who had finished their district in the morning were free to rest and study, but were always "on call" for new cases.

Each nurse is provided with a bag and appliances which had to be cleaned and refilled with sterile dressings, etc., daily on return from her visits. Occasionally one would be asked in the street by an inspector of the board to show the contents of the bag. Such methods as these have entirely eliminated the days of "Sarah Gamp" and her more or less untidy habits and haphazard ways.

Three lectures were given every week; one by the visiting accoucheur, and the other two by the senior accoucheur, who resides in the hospital. Lectures and talks were also given by the sisters whenever possible.

Perhaps one gained more exact experience in the wards, where one could watch each case more in detail than on "the district." The ward nurses did twelve-hour duty and were somewhat envied by the district nurses for their night's sleep. If there were an abnormal labor at any hour of the night, all ten nurses were called by a huge fire bell and had to be in the obstetrical theatre within five minutes. It was certainly a case of "safety first" to go to bed with one's hair done up as neatly as possible, and even then a cap was a necessary and becoming addition.

The Central Midwives Board requires all pupil midwives to deliver personally, without help, at least twenty-two babies, and to have the actual care and nursing of the mothers throughout the puerperium. There was great competition as to who could see the largest number of cases, hence the willing horses had the most work, and some nights we returned home after midnight, only to go straight out again to another case. Should there be no district nurses in, the next call was given to the White Charity. During my training I was fortunately able to deliver thirty-six babies and to see ninety births during the three months. I was also present at five Caesarian sections.

The pupils may enter for the examination one month after they have finished their course of study and practice. The fee for examination is one guinea; the hospital charges twenty guineas for the whole course, to this must be added various incidental expenses, so that the total cost to each nurse is at least thirty guineas, about \$150.

I do not know whether we all show our best qualities under stress and excitement, but certainly both sisters and nurses were exceedingly kind to one another. One never came in weary and cold without finding a nice hot meal all ready waiting. These little attentions to each other, combined with the patience and gratitude of our poor patients, make me always look back on my obstetrical training as one of the most helpful and happy times in my professional life.

"In conclusion, let me urge that we depart not too far from our trust in the natural forces of labor, that we still uphold the policy of 'watchful expectancy' or, if you prefer, 'armed expectancy,' that we remember that the obstetrician's duty is not to make of labor a surgical operation, but to conduct it as a natural function, interfering only when called on by the necessity of preventing undue suffering, or saving fetal or maternal life." *Joseph B. De Lee, in the Journal of the American Medical Association.*